



010504

13281 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>SON-2894</b>	
		First Inventor <b>Tatsuya KATO</b>	
		Title <b>TAPE DRIVE APPARATUS, RECORDING AND/OR REPRODUCING METHOD</b>	
		Express Mail Label No.	

  

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>76</b>]</span> <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>15</b>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>3</b>]</span> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee) Attorney</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 150px; text-align: center;">23353</span> OR <input type="checkbox"/> Correspondence address below	
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Name <b>RADER, FISHMAN &amp; GRAUER PLLC</b>			
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Name (Print/Type)	Ronald P. Kananen	Registration No. (Attorney/Agent)	24,104
Signature		Date	January 5, 2004

17510 U.S. PTO  
10/750849

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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>																																																																																																																																																																																																																																													
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<b>METHOD OF PAYMENT</b> (check all that apply) <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Check</div><div><input type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Money Order</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> None</div></div> <div style="margin-top: 5px;"><input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman &amp; Grauer PLLC</div> <div style="margin-top: 5px;">The Director is authorized to: (check all that apply) <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div><div><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div>		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																																																																													
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2"></th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>2</td><td>-20** =</td><td>86</td><td></td></tr><tr><td>Independent Claims</td><td>2</td><td>-3** =</td><td>18</td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td></tr></tbody></table> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr></tbody></table> <div style="text-align: right; margin-top: 5px;"><b>SUBTOTAL (2)</b> (\$ )</div>				Extra Claims	Fee from below	Fee Paid	Total Claims	2	-20** =	86		Independent Claims	2	-3** =	18		Multiple Dependent					Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20	1201	84	2201	42	Independent claims in excess of 3	1203	280	2203	140	Multiple dependent claim, if not paid	1204	84	2204	42	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	<b>SUBMITTED BY</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Name (Print/Type) Ronald P. Kananen</div><div>Registration No. (Attorney/Agent) 24,104</div><div>Telephone (202) 955-3750</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Signature </div><div>Date January 5, 2004</div></div>																																																																																																																																																																																							
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